

EXHIBIT 9

Message

From: Malika Te [Malika.Te@tdcj.texas.gov]
Sent: 9/3/2019 1:57:47 PM
To: Lannette Linthicum [lannette.linthicum@tdcj.texas.gov]
Subject: RE: HCC Info Request

Thank you!

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Tuesday, September 03, 2019 1:36 PM
To: Malika Te <Malika.Te@tdcj.texas.gov>
Subject: RE: HCC Info Request

We do not track those requests. It is not a covered benefit under the Offender Health Care Plan.(Exhibit A of the CMHC contract)

From: Malika Te
Sent: Tuesday, September 03, 2019 10:19 AM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Subject: HCC Info Request

Dr. L,

House Corrections asked how many offenders have requested transgender reassignment surgery. Does HSD track this information?

Thanks!

Malika Te
Director of Governmental Affairs
Texas Department of Criminal Justice
Office: 512-463-9776 | Direct: 512-463-8528
malika.te@tdcj.texas.gov

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Message

From: Lannette Linthicum [lannette.linthicum@tdcj.texas.gov]
Sent: 11/25/2015 4:11:49 PM
To: Bryan Collier [bryan.collier@tdcj.texas.gov]; Jason Clark [Jason.Clark@tdcj.texas.gov]; William Stephens [William.Stephens@tdcj.texas.gov]
CC: Joseph V. Penn M.D. CCHP [jopenn@utmb.edu]; Owen Murray [ojmsm@earthlink.net]; Robert Williams [Robert.Williams@tdcj.texas.gov]; Reyes Paul [rareyes@utmb.edu]
Subject: Fw: Health Care/Transgender Inmates
Attachments: J PENN GD DRAFT RESPONSE 11-25-15 REVISED VERSION.docx; J PENN GD DRAFT RESPONSE 11-25-15 REVISED VERSION with highlighting.docx

Please see Health Services final response to the inquiry from the Texas Observer

From: Penn, Joseph <jopenn@UTMB.EDU>
Sent: Wednesday, November 25, 2015 2:40:23 PM
To: Lannette Linthicum; Murray, Owen J.
Cc: Coates, Kelly; Robert Williams; Jason Clark; Echols, Beverly A.
Subject: RE: Health Care/Transgender Inmates

Hello Dr. L

Thanks for your helpful suggestions/edits

I met with Kelly Coates this afternoon

We are in agreement with the attached

Please see attached a revised document. For your convenience I also attached a version with the additions in highlights

Please don't hesitate to reach me if you need anything else

Thank you

Have a wonderful Thanksgiving

J Penn

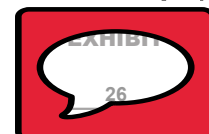
Joseph V Penn MD CCHP FAPA
Director, Mental Health Services
UTMB Correctional Managed Care
Clinical Professor
UTMB Department of Psychiatry
UTMB Correctional Managed Care
200 River Pointe Drive, Suite 200
Conroe, Texas 77304
Office: (936) 494-4184
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Email: jopenn@utmb.edu

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-----Original Message-----

From: Lannette Linthicum [mailto:lannette.linthicum@tdcj.texas.gov]
Sent: Wednesday, November 25, 2015 1:05 PM
To: Penn, Joseph; Murray, Owen J.
Cc: Coates, Kelly; Robert Williams; Jason Clark
Subject: Re: Health Care/Transgender Inmates

Thank you Dr. Penn. Your responses are well thought out and well written. I think question number 3. needs a little more work; Perhaps Kelley can assist. The reporter states their were significant changes to our policy. We need to discuss that issue. Specifically state what that the previous policy entailed and how this one is different/updated. Also on the surgery question. I would simply answer it that the TDCJ correctional manage health care program offers an offender health care plan as required by statute. There are essentially two levels of care provided: medically mandatory care without which there would be a loss of life or limb and medically necessary care. Sex reassignment surgery is in a category of



TDCJ0000288

elective surgery and is currently not covered in the offender health care plan would appreciate it if you and Kelley would work on question #3 a bit more _____
From: Penn, Joseph <jopenn@UTMB.EDU>
Sent: Wednesday, November 25, 2015 10:41:25 AM
To: Lannette Linthicum; Murray, Owen J.
Cc: Coates, Kelly
Subject: RE: Health Care/Transgender Inmates

Hi Dr. L

Please see attached a draft response

I'm available any time today if you would like to discuss further. I'm happy to edit/modify/adjust as you recommend

My cell is (713) 301-8901. My assistant Leslie is on vacation today.

Thanks!

Joseph V Penn MD CCHP FAPA
Director, Mental Health Services
UTMB Correctional Managed Care
Clinical Professor
UTMB Department of Psychiatry
UTMB Correctional Managed Care
200 River Pointe Drive, Suite 200
Conroe, Texas 77304
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-----Original Message-----

From: Lannette Linthicum [mailto:lannette.linthicum@tdcj.texas.gov]
Sent: Wednesday, November 25, 2015 8:27 AM
To: Owen Murray; Penn, Joseph
Cc: Coates, Kelly; Robert Williams; Reyes, Raul
Subject: Fw: Health Care/Transgender Inmates

Owen and Dr. Penn,
Please develop responses to these questions from the reporter with the Texas Observer. I need your responses ASAP so I can review prior to discussing with Mr. Collier.. Dr. Penn please comment on DSM V And how the standard of care changed (year) from gender identity disorder to gender dysphoria. Also include in your response that all offenders are evaluated by a GD expert at Hospital Galveston

From: Robert Williams
Sent: Tuesday, November 24, 2015 3:55:05 PM
To: Lannette Linthicum
Subject: FW: Health Care/Transgender Inmates

FYI

Bryan Collier asked me to do some "leg work" in preparing responses to the questions below for you and I to discuss with him on Monday. The reporter is twisting arms for us to respond on Monday, so Bryan wants us to see what we can do.

Robert Lewis Williams, M.D.
Deputy Director, Health Services Division Texas Department of Criminal Justice
Phone: (936) 437-3535
Fax: (325) 223-0293

Please note that my email address has changed to robert.williams@tdcj.texas.gov My old email address will continue to work for the foreseeable future.

The information contained in this electronic mail and any attachments is intended for the exclusive use of the addressee(s) and may contain confidential, privileged, or proprietary information. Any other interception or use of these materials is strictly prohibited. If you have received these materials in error, please notify me immediately by telephone and destroy all electronic information received. Nothing in this message should be construed as digital or electronic signature unless expressly stated to the contrary herein.

-----Original Message-----

From: Bryan Collier

Sent: Tuesday, November 24, 2015 3:52 PM
To: Robert Williams <Robert.Williams@tdcj.texas.gov>
Subject: FW: Health Care/Transgender Inmates

Per our discussion.BC

From: Robert Hurst
Sent: Tuesday, November 24, 2015 3:44:37 PM
To: Bryan Collier
Subject: FW: Health Care/Transgender Inmates

Jason says perhaps Dr. L would have answers to these questions or maybe we should refer him to UTMB.

-----Original Message-----

From: John Wright [mailto:johnsummerscaleswright@gmail.com]
Sent: Tuesday, November 24, 2015 3:13 PM
To: Robert Hurst <Robert.Hurst@tdcj.texas.gov>
Subject: Health Care/Transgender Inmates

Hey Robert,

Thanks for talking with me on the phone. As I mentioned, I'm working on a story about healthcare for transgender prisoners in TDCJ. Here are a few specific questions:

1. Can you confirm that TDCJ recently launched a new program related to healthcare for transgender prisoners?
2. According to one advocacy group, last year a transgender prisoner became the first to receive "hormone therapy" while in TDCJ custody. Can you confirm this and is TDCJ now routinely allowing hormone therapy for inmates diagnosed with "gender dysphoria" under section G-51.11 of the Correctional Managed Health Care Policy Manual?
3. I noticed that there were significant changes to G-51.11 that became effective in August. Can you tell me why these changes were made and what their impact will be?
4. Has any TDCJ inmate ever received surgery to treat gender dysphoria? If not, would TDCJ provide gender reassignment surgery to a transgender inmate if recommended by a doctor under G-51.11?
5. Would it be possible for a transgender prisoner to be housed according to their chosen gender? In other words, if a prisoner who was born male but identifies as female and is undergoing hormone therapy wished to be housed in a women's facility, would this be allowed?

My deadline for the story is Monday, Nov. 30. Let me know if you have questions or need more information. Thanks again.

John Wright
Reporter
The Texas Observer
Cell: 512-743-2947

1. Can you confirm that TDCJ recently launched a new program related to healthcare for transgender prisoners?

TDCJ Health Services and its health care partners, UTMB Correctional Managed Care (CMC) and Texas Tech, identified that there are many unique health care issues and challenges involved in the evaluation, diagnosis and treatment of TDCJ offenders with transgender (gender dysphoria in the DSM 5, formerly known as gender identity disorder in DSM IV) and other intersex conditions within the correctional environment. Working collectively and collaboratively, a multidisciplinary team of medical professionals (e.g., internal medicine, family medicine, psychiatry, endocrinology) and other health care leaders recently revised the existing policy and procedures to streamline the diagnostic evaluations involved (e.g., nursing assessments, medical interviews and physical examination by medical professionals, mental health and psychiatric evaluations, baseline and follow-up laboratory studies), the referral process to specialty clinics, and only with informed consent (due to the various short and long term medical sequelae, risks, side effects, and adjustment issues involved) medically ordered hormonal treatment of an individual TDCJ offender (when clinically indicated).

2. According to one advocacy group, last year a transgender prisoner became the first to receive "hormone therapy" while in TDCJ custody. Can you confirm this and is TDCJ now routinely allowing hormone therapy for inmates diagnosed with "gender dysphoria" under section G-51.11 of the Correctional Managed Health Care Policy Manual?

Gender Dysphoria (GD) is treated in TDCJ just like any other acute or chronic medical or mental health condition. There is no formalized "program". Correctional Managed Health Care policy G-51.11, "Treatment of Offenders with Gender Disorders", outlines how offenders with these conditions are evaluated and treated. If any offender desires to be evaluated for GD or any other gender disorder, he or she must submit a sick call request. If an offender comes into TDCJ already on hormone therapy; he or she will be continued on their hormone medications and referred for evaluation to the GD specialist at Hospital Galveston. The initial assessment of an offender for GD or any other gender disorder will occur at his or her unit of assignment. Treatment of GD and other intersex and gender disorders is available to all TDCJ offenders who meet medically necessary criteria for treatment.

3. I noticed that there were significant changes to G-51.11 that became effective in August. Can you tell me why these changes were made and what their impact will be?

Inmates with GD, intersex conditions and transgender identification pose special challenges in a corrections environment. Claims of inadequate health care and safety afforded to transgender inmates have become the subject of litigation. Custody and health care leadership within the Federal Bureau of Prisons (BOP) and many State Departments of Corrections (DOC's) have identified a pressing need to improve the referral, evaluation and treatment processes for these individuals. State and federal prison health care systems are increasing awareness of GD public health issues and providing training and resources for their medical, mental health and other health care professional's ability and expertise to identify, refer, and treat GD inmates within the correctional setting. This diverse patient population is not ordinarily encountered within most primary care settings in the community/free world.

The previous policy entailed the following: TDCJ offenders with complaints consistent with intersex conditions or Gender Identity Disorder (DSM IV) are evaluated by appropriate medical and mental health professionals and treatment determined on a case by case basis as clinically indicated. Changes

to policy G-51.11 were made to reflect the most current and accepted diagnostic nomenclature in the American Psychiatric Association (APA)'s DSM (Diagnostic and Statistical Manual of Mental Disorders) replacing gender identity disorder (DSM-IV) with gender dysphoria (DSM-5). Also a new referral process was implemented to augment the existing unit-based evaluation and treatment to include academic medical center-based specialty clinics that include national expertise in psychiatry, endocrinology and gender dysphoria and also in internal medicine and endocrinology consultation and hormone treatment and follow-up monitoring of laboratory studies and to monitor for short and long term side effects, complications, and sequelae.

4. Has any TDCJ inmate ever received surgery to treat gender dysphoria? If not, would TDCJ provide gender reassignment surgery to a transgender inmate if recommended by a doctor under G-51.11?

The TDCJ Correctional Managed Health Care Program offers an offender health care plan as required by Texas statute. There are essentially two levels of care provided to TDCJ offenders: 1) medically mandatory care without which there would be loss of life or limb and 2) medically necessary care. Gender reassignment surgery is in a different category of elective surgery and is not currently covered in the TDCJ offender health care plan.

The issue of gender reassignment surgery of offenders within any correctional setting is an extremely complicated issue. Gender Dysphoria (GD) is treated in TDCJ just like any other acute or chronic medical or mental health condition. The medical (use of hormones) treatment of GD and other intersex and gender disorders is available to all TDCJ offenders who meet medically necessary criteria for treatment. There are many significant risks, benefits and alternatives including short and long term physical (and emotional/mental health considerations such as adjustment issues) side effects and complications to any hormone medications and/or gender reassignment surgical procedures. To date no TDCJ inmate has received surgery to treat gender dysphoria. The issue of whether state or federal correctional systems should perform gender reassignment surgery remains extremely complicated and there are several cases pending in federal appellate courts (Norsworthy v. Beard, 2015, Quine v. Brown, 2015) and one case is on appeal to the US Supreme Court on this specific issue (Kosilek v. Spencer, 2012),

5. Would it be possible for a transgender prisoner to be housed according to their chosen gender? In other words, if a prisoner who was born male but identifies as female and is undergoing hormone therapy wished to be housed in a women's facility, would this be allowed?

I respectfully defer this question to TDCJ (custody, classification and housing issues)

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CC: Coates, Kelly [kecoates@UTMB.EDU]; Robert Williams [Robert.Williams@tdcj.texas.gov]; Jason Clark [Jason.Clark@tdcj.texas.gov]; Echols, Beverly A. [baechols@utmb.edu]
Subject: RE: Health Care/Transgender Inmates
Attachments: J PENN GD DRAFT RESPONSE 11-25-15 REVISED VERSION.docx; J PENN GD DRAFT RESPONSE 11-25-15 REVISED VERSION with highlighting.docx

Hello Dr. L

Thanks for your helpful suggestions/edits

I met with Kelly Coates this afternoon

We are in agreement with the attached

Please see attached a revised document. For your convenience I also attached a version with the additions in highlights

Please don't hesitate to reach me if you need anything else

Thank you

Have a wonderful Thanksgiving

J Penn

Joseph V Penn MD CCHP FAPA
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My cell is [REDACTED] My assistant Leslie is on vacation today.

Thanks!

Joseph V Penn MD CCHP FAPA
Director, Mental Health Services
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UTMB Department of Psychiatry
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John Wright
Reporter
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to policy G-51.11 were made to reflect the most current and accepted diagnostic nomenclature in the American Psychiatric Association (APA)'s DSM (Diagnostic and Statistical Manual of Mental Disorders) replacing gender identity disorder (DSM-IV) with gender dysphoria (DSM-5). Also a new referral process was implemented to augment the existing unit-based evaluation and treatment to include academic medical center-based specialty clinics that include national expertise in psychiatry, endocrinology and gender dysphoria and also in internal medicine and endocrinology consultation and hormone treatment and follow-up monitoring of laboratory studies and to monitor for short and long term side effects, complications, and sequelae.

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I respectfully defer this question to TDCJ (custody, classification and housing issues)

Message

From: Renee Warren [Renee.Warren@tdcj.texas.gov]
Sent: 10/20/2021 3:07:44 PM
To: Lannette Linthicum [lannette.linthicum@tdcj.texas.gov]
Subject: FW: 3116 - CLA Gender Affirming Surgery
Attachments: CLA Gender Affirming Survey and Policy.pdf

Good Afternoon Dr. L.,

We submitted the attached survey and have received a response back stating Executive Services is requesting that someone be designated to have a conference call with the New Jersey Department of Corrections (NJDOC). I am seeking your guidance on who should be designated.

Thank you!
Respectfully,
Renee

Renee Warren
Health Services Administrator
TDCJ Health Services Division
Phone: (936) 437-3569

From: Shareece Stults <Shareece.Stults@tdcj.texas.gov>
Sent: Tuesday, October 19, 2021 1:03 PM
To: Renee Warren <Renee.Warren@tdcj.texas.gov>; Kimberly Nelson <Kimberly.Nelson@tdcj.texas.gov>
Cc: Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>; Frances Beitia <Frances.Beitia@tdcj.texas.gov>; Joe Ann Anderson <Joe.Ann.Anderson@tdcj.texas.gov>
Subject: RE: 3116 - CLA Gender Affirming Surgery

Good Afternoon,

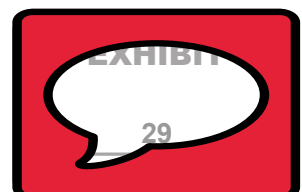
Regarding Q7, executive leadership has requested the name and contact information of the individual who would be able to have the conference call with the NJDOC. Could you please provide the name, phone number, and email address of the contact?

Thank you in advance,
Shareece Stults, M.S.
Technical Writer I
Texas Department of Criminal Justice
Executive Services
(936) 437-8972

From: Renee Warren <Renee.Warren@tdcj.texas.gov>
Sent: Friday, October 15, 2021 4:31 PM
To: Kimberly Nelson <Kimberly.Nelson@tdcj.texas.gov>
Cc: Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>; Frances Beitia <Frances.Beitia@tdcj.texas.gov>; Shareece Stults <Shareece.Stults@tdcj.texas.gov>; Joe Ann Anderson <Joe.Ann.Anderson@tdcj.texas.gov>
Subject: RE: 3116 - CLA Gender Affirming Surgery

Good Afternoon Ms. Nelson,

Attached is the completed survey and attachment. Please advise if I can assist further.



Thank you,
Renee

Renee Warren
Health Services Administrator
TDCJ Health Services Division
Phone: (936) 437-3569

From: Kimberly Nelson <Kimberly.Nelson@tdcj.texas.gov>
Sent: Thursday, October 14, 2021 4:15 PM
To: Renee Warren <Renee.Warren@tdcj.texas.gov>; Joe Ann Anderson <Joe.Ann.Anderson@tdcj.texas.gov>
Cc: Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>; Frances Beitia <Frances.Beitia@tdcj.texas.gov>;
Shareece Stults <Shareece.Stults@tdcj.texas.gov>
Subject: 3116 - CLA Gender Affirming Surgery

Executive Services received the attached survey from the Correctional Leadership Association on behalf of the New Jersey Department of Corrections regarding Gender Affirming Surgery.

Please let me know as soon as possible if someone else should need to answer any of the questions.

Please provide a response by October 19, 2021.

Thank you,

Kimberly Nelson
Executive Services | COVID-19 Command Center
Texas Department of Criminal Justice
Office: (936) 437-6459 | COVID-19 Command Center: (936) 437-6742
kimberly.nelson@tdcj.texas.gov | Command@tdcj.texas.gov

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Gender Affirming Surgery

The New Jersey Department of Corrections is looking to see what criteria is used within your respective system in regards to gender affirming surgery.

Please provide a response by October 19, 2021.

1. Please enter the contact information for the person completing the survey.
State/Agency: Texas Department of Criminal Justice Health Services Division
Name: Chris Black-Edwards, RN, BSN
Title: Deputy Division Director, TDCJ Health Services Division
Email: Chris.Black-Edwards@TDCJ.Texas.gov
Phone: (936) 437-4260
2. Does your state have a procedure in evaluating gender dysphoria and associated medically indicated treatments?
Refer to #7
3. As part of treatment, does your state perform gender affirming surgery and if you do, is it as a result of a specific litigation decree or legislation?
No
4. Do you have a clinical criteria for approval based on InterQual, Medicaid, Health plan, etc.?
N/A
5. Have you completed any gender affirming surgery or surgeries (such as breast augmentation, mastectomy or vaginoplasty, vulvoplasty etc. as part of gender affirmation surgeries) in the past 5 years? What type of surgery? What was the fiscal cost/ procedure and how did your system acquire this additional funding?
No
6. Do you require executive team review and approval or is it only based on medical review, recommendations and clinical criteria?
N/A

7. Would you be able to provide your procedure and clinical criteria and have a conference call with NJDOC?

☒ Yes

☐ No

☐ Other (please specify)

Attached is Correctional Managed Health Care Policy G-51.11 "Treatment of Offenders With Intersex Conditions, Gender Identity Disorder or Gender Dysphoria, Formerly Known as Gender Identity Disorder"

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 1/10/2017	NUMBER: G-51.11 Page 1 of 3
	Replaces: 8/26/2015	
	Formulated: 01/06	
	Reviewed: 07/2021	
TREATMENT OF INMATES WITH INTERSEX CONDITIONS, or GENDER DYSPHORIA, FORMERLY KNOWN AS GENDER IDENTITY DISORDER		

PURPOSE: To provide guidelines in the management of inmates with intersex conditions and Gender Dysphoria (GD), formerly known as Gender Identity Disorder (GID).

POLICY: To ensure that inmates with complaints consistent with intersex conditions or Gender Dysphoria are evaluated by appropriate medical and mental health professionals and treatment is determined on a case-by-case basis as clinically indicated.

DEFINITIONS:

Gender Dysphoria (GD) – is defined as the clinically significant distress or impairment that is associated with the marked incongruence between one’s experienced or expressed gender and one’s assigned gender for a specified time (e.g., of at least 6 months duration). This terminology replaces GID. The diagnosis can be made with a concurrent disorder of sex development. [Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) p. 451-459]

Intersex – a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as sex development disorders. [28 CFR § 115,5]

Transgender - a person whose gender identity (i.e. internal sense of feeling male or female) is different from the person’s assigned sex at birth. [28 CFR § 115,5]

PROCEDURES:

- I. Suspected anatomical intersex conditions
 - A. An inmate suspected of having or known to have an anatomical intersex condition will be referred immediately to the facility health department for a complete history, physical examination, and laboratory studies, as clinically indicated.
 - B. A concerted effort will be made to expeditiously obtain the inmate’s prior medical and mental health records from the free world providers who diagnosed and/or treated the inmate.
 - C. The inmate may decline all or part of the physical exam.
 - D. Facility health staff shall immediately notify the facility warden or designee of all inmates reporting or presenting with signs or symptoms of an intersex condition and enter the appropriate diagnosis into the electronic health records (EHR) system.

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 1/10/2017	NUMBER: G-51.11 Page 2 of 3
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TREATMENT OF INMATES WITH INTERSEX CONDITIONS, or GENDER DYSPHORIA, FORMERLY KNOWN AS GENDER IDENTITY DISORDER		

- E. As additional information becomes available to facility medical and/or mental health staff regarding an inmate's possible intersex condition throughout the inmate's incarceration in the Texas Department of Criminal Justice at (TDCJ), applicable facility health staff will update the problem list in the EHR.

II. At intake, an inmate with a reported history of (GD) prior to incarceration will receive thorough medical and mental health evaluations.

- A. The inmate will be continued on the same documented hormone regimen, if any, upon arrival into the TDCJ, unless medically contraindicated. Hormone therapy will be requested with indefinite refills through the non-formulary process to ensure that continuity of care is maintained during the initial evaluation process. Documentation of inmate education and written consent are required prior to submission of the non-formulary request, (Attachments A and B).
- B. A concerted effort will be made to expeditiously obtain the inmate's prior medical and mental health records from the free world providers who diagnosed and/or treated the inmate.
- C. Medical evaluation will include a thorough history, complete physical examination, and baseline laboratory studies, as clinically indicated. The medical provider shall refer the patient to the designated Specialty Clinic consultant for further clinical evaluation and therapy as needed.

III. When a new diagnosis of GD is under consideration or suspected:

An inmate will be scheduled for medical evaluation to include a thorough history, complete physical examination, and baseline laboratory studies, as clinically indicated. The medical provider shall refer the patient to the designated Specialty Clinic consultant for further clinical evaluation and therapy as needed.

IV. Only the designated GD Specialty Clinic consultant may make or confirm a diagnosis of GD for an inmate:

- A. If an inmate is diagnosed with GD and hormone therapy is initiated, the designated GD Specialty Clinic consultant will routinely monitor the inmate for adverse effects and adjust the dosage as needed.
- B. If an inmate is diagnosed with GD, the provider may consider referral to unit mental health

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 1/10/2017	NUMBER: G-51.11 Page 3 of 3
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TREATMENT OF INMATES WITH INTERSEX CONDITIONS, or GENDER DYSPHORIA, FORMERLY KNOWN AS GENDER IDENTITY DISORDER		

services if clinically indicated. . Follow-up mental health care will target any associated emotional or behavioral problems, and will emphasize supportive treatment modalities.

- V. Diagnosis codes have been established in the Pearl EHR for the following categories:
- A. RHGD - Reported history of GD (intake or others that self-identify later within their incarceration)
 - B. ROGD - Rule out or provisional diagnosis of Gender Dysphoria in Adolescents and Adults
 - C. F64.1 (ICD10) - Gender Identity Disorder in Adolescents or Adults (only to be used by the GD Specialty Consultant at UTMB)

References:

ACA Standard 4-4359 (Ref. New) Mandatory
ACA Standard 4-4368 (Ref. 3-4336) Mandatory

2008 NCCHC Standard P-G-02, Patients With Special Health Needs (essential)

US Department of Justice Federal Bureau of Prisons Program Statement and Memorandums on Gender Identity Disorder Evaluation and Treatment, June 15, 2010 and May 31, 2011

World Professional Association for Transgender Health website, www.wpath.org

National Commission on Correctional Health Care Position Statement on Transgender Health Care in Correctional Settings, October 2009

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Text Revision
(DSM-IV-TR), American Psychiatric Association, 2000

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-5), American
Psychiatric Association, 2013

Department of Justice, 28 CFR § 115, Prison Rape Elimination Act National Standards